Freedom House D. V. Program
Consent to Release Confidential Information

PR_____V

Julia Eickmeier / Madeline, whose birthdate is 04-14-91 / 01-20-13
(Name of participant)

authorize Freedom House / Legal Advocates
(Name of program making disclosure)

to disclose to Lynn Ferrell
(Name of Person/Organization to which disclosure is to be made)

the following information any information exchanged reguarding testimonies + legal procedures pertaining to Madeline/daughter.
(Nature of Information/Purpose of Disclosure)

I understand that my records are protected under the Federal Confidentiality Regulation (42 CFR Part 2) and the Mental Health and Developmental Disabilities Confidentiality Act and Illinois Domestic Violence of 1986 and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I also understand that I may in writing revoke this consent at any time except to the extent that disclosure was made prior to the time I revoked it. I further understand that disclosure includes the right of the recipient to inspect and copy the information to be disclosed.

Specification of the date, event, or condition upon which this consent expires (if none stated the consent will automatically expire 1 year from date of execution):

_____

It has been explained to me that if I refuse to consent to this release of information, the following are the consequences (specify, if any):

_____

Executed this 12 **day of** Dec **, 20** 13

Julia Eickmeier
(Signature of client) (Date) 12-12-13

(Signature of client's parent/guardian if child is 12 years old or older) (Date)

(Witness) (Date)

***Notice to Receiving Agency/Person: Under the provision of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, you may not re-disclose any of this information unless the person who consented to the disclosure specifically consents to such re-disclosure. A general authorization for release of medical or other information is NOT sufficient for this purpose.**

I _____ **withdraw my previous consent** _____.
(Date)

_____
(Signature)

DV08/02

Freedom House

440 Elm Place
Princeton, IL 61356
Business 815-872-0087
Crisis Line 800-474-6031

To Whom It May Concern:

Please honor this letter as verification that Julia Eickmeier
(Client name)

Is/was a resident of Freedom House:

From November 24, 2013 To present

Amber Killian
(Staff Signature) Shelter Advocate

12-4-13
(Date)

Julia Eickmeier
(Guest Signature)

12-4-13
(Date)

Rev6/16/09djv